



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
BREATH ALCOHOL PROGRAM
DATAMASTER MAINTENANCE REPORT

RECEIVED

By Carol Day at 8:43 am, Apr 16, 2014

REPORT #6

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35 days).
Complete this report whenever the instrument is serviced or repaired and whenever it is placed into service.
Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

DATAMASTER SN 950079	NAME OF AGENCY COUNTRY CLUB HILLS POLICE	DATE OF INSPECTION 04/07/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 7422 EUNICE AVE. COUNTRY CLUB HILLS, MO 63136		TIME OF INSPECTION 0155 HRS

CHECKLIST. Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

<input checked="" type="checkbox"/> DIAGNOSTIC CHECK (PRINTOUT ATTACHED)	DATE AND TIME (from printout) 04/07/14 0155 HRS
<input checked="" type="checkbox"/> COMPUTER	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTERS
<input checked="" type="checkbox"/> HEATERS SAMPLE CHAMBER 49 .C	<input checked="" type="checkbox"/> QUARTZ STANDARD
<input checked="" type="checkbox"/> FLOW DETECTOR	<input checked="" type="checkbox"/> CALIBRATION
<input checked="" type="checkbox"/> PUMP HIGH SPEED	<input checked="" type="checkbox"/> PRINTER
<input checked="" type="checkbox"/> INDICATOR LIGHTS	
<input checked="" type="checkbox"/> SIMULATOR SOLUTION SUPPLIER GUTH LABS LOT # 13210 EXP. DATE 07/29/2015	
<input checked="" type="checkbox"/> SIMULATOR TEMP (34-C \pm 0.2'C) 34 'C SIMULATOR SN DR 1381 EXP. DATE 07/10/2014	
<input checked="" type="checkbox"/> CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)	
Run three tests using a standard solution. All three tests must be within $\pm 5\%$ of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)	
<input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE	
<input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE	
<input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE	

TEST 1 .101	TEST 2 .101	TEST 3 .101
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<input checked="" type="checkbox"/> PERFORM R.F.I. TEST (PRINTOUT ATTACHED)						
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT. (DO NOT INCLUDE SELF-ADMINISTERED TESTS)						
REFUSALS 0	(0-.04) 0	(.05-.09) 0	(.10-.14) 0	(.15-.19) 0	OVER.19 0	

LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS
(USE OTHER SIDE IF NECESSARY).

INSPECTING OFFICER	
SIGNATURE SGT. SPENCER DSN 357	PRINT FULL NAME SGT. GARY L. SPENCER DSN 357
TYPE II PERMIT NUMBER/EXPIRATION DATE 22908 04/23/2014	TELEPHONE NUMBER 314-261-0845

RETURN COMPLETED REPORT TO THE
Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office
2875 James Blvd.
Poplar Bluff, MO 63901



GUTH LABORATORIES, INC.

690 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 13210 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on July 31, 2013, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1216% (w/vol) ethyl alcohol. The expiration date for this lot number is July 29, 2015 at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.100 g/210L +/- 3%.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President
GUTH LABORATORIES, INC.

NIST Traceability:

Testing was conducted using Cerilliant Reference Standard lot number FN122211-02 whose values are traceable to NIST.

All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
COUNTRY CLUB HILLS POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 950079

04/07/14

01:55

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY

PROGRAM (04-07-2009): OKAY

HEATERS

SAMPLE CHAMBER: 49c

FLOW DETECTOR: OKAY

PUMP

HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

PRINTER TEST

!"#\$%&'()*+,-./0123456789:;<=>?@ABCDEFGH
IJKLMNOPQRSTUVWXYZ[\]^_`abcdefg hijklmno
pqrstuvwxyz{|}~*

OPERATOR SIGNATURE SGT SPENCER 357

CARD STK #
60036

REORDER ALL SUPPLIES FROM N.P.A.S.
2260 NORTH MAIN, MANSFIELD, OH 44903 419-526-6727 (NPAS)

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster

Evidence Ticket

STATE OF MISSOURI
COUNTRY CLUB HILLS POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 950079
04/07/14

TESTING OFFICER:
SPENCER/GARY/L
OFFICER I.D.: 357
PERMIT NUMBER: 220080
EXPIRATION DATE: 03/23/14
MISCELLANEOUS DATA:
PERMIT RENEWAL

--- SUPERVISOR MODE ---

BLANK TEST	.000	01:58
INTERNAL STANDARD	VERIFIED	01:58
EXTERNAL STANDARD	.101	01:59
BLANK TEST	.000	01:59
EXTERNAL STANDARD	.101	02:00
BLANK TEST	.000	02:01
EXTERNAL STANDARD	.101	02:01
BLANK TEST	.000	02:02

N = 3
SIM. = .1
AVG. = .101

OPERATOR SIGNATURE *SGT SPENCER 357*

CARD STK #
60036

REORDER ALL SUPPLIES FROM N.P.A.S.
2260 NORTH MAIN, MANSFIELD, OH 44903 419-526-6727 (NPAS)

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
COUNTRY CLUB HILLS POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 950079
04/07/14

ARREST TIME: 01:45
SUBJECT NAME:
RFI/TEST
DOB: 05/26/51 SEX: M
STATE/D.L.: MO/123456789
ARRESTING OFFICER:
SPENCER/GARY/L
OFFICER I.D.: 357
TESTING OFFICER:
SPENCER/GARY/L
OFFICER I.D.: 357
PERMIT NUMBER: 220000
EXPIRATION DATE: 03/23/14
MISCELLANEOUS DATA:
PERMIT RENEWAL

--- BREATH ANALYSIS ---

BLANK TEST	.000	02:06
INTERNAL STANDARD	VERIFIED	02:06
RADIO INTERFERENCE		

OPERATOR SIGNATURE

SGT SPENCER/L 357

CARD STK #
60036

REORDER ALL SUPPLIES FROM N.P.A.S.
2260 NORTH MAIN, MANSFIELD, OH 44903 419-526-6727 (NPAS)

State of Missouri
DEPARTMENT OF HEALTH



P E R M I T
TYPE II



GARY L SPENCER

Is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

DATAMASTER

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 03/23/2012

Number 220080

Expires 03/23/2014

MO 580-0771 (7-88)


Director of State Public Health Laboratory


Director, Department of Health

Lab. 4 (R7-88)